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Bib Data Sheet

**CONFIRMATION NO. 8884** 

| I  |  | <u> </u>   | <del>,</del>       |                             |   |                            |                     |               |                          |  |
|--|--|--|--------------------|-----------------------------|---|----------------------------|---------------------|---------------|--------------------------|--|
| 10/015,734   | FILING OR 371(c) DATE 10/015,734 FILING OR 371(c) DATE 12/13/2001 RULE |  | (                  | CLASS<br>525                | <b>GROUP AR</b> 1711                    |                            |                     |               | ATTORNEY<br>OOCKET NO.   |  |
| APPLICANTS   |  |  |                    |                             |   |                            |                     |               |                          |  |
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| ** CONTINUING DATA **********************************        |  |  |                    |                             |   |                            |                     |               |                          |  |
| ** FOREIGN APPLICATIONS ************************************ |  |  |                    |                             |   |                            |                     |               |                          |  |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 01/24/2002    |  |  |                    |                             |   |                            |                     |               |                          |  |
| Foreign Priority claimed  yes  no                            |  |  |                    |                             |   |                            |                     |               |                          |  |
| yes — no — Met after   |  |  |                    |                             |   | HEETS TOTA<br>RAWING CLAIM |                     |               | INDEPENDENT              |  |
| Met Allowance OH OH  |  |  |                    |                             |   | 0 43                       |                     |               | CLAIMS<br>3              |  |
| Acknowledged Examiner's Signature Initials                   |  |  |                    |                             |   |                            |                     |               |                          |  |
| ADDRESS  |  |  |                    |                             |   |                            |                     |               |                          |  |
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| TITLE<br>POLYMERIC BL<br>SIDE CHAINS TI<br>OR COPOLYME       | EKWIIN   | OF AN OXETANE OLI<br>IATED BY FLUORINAT  | IGOMER<br>TED ALII | R, POLYMER (<br>PHATIC GROI | OR CO<br>UPS, /                         | POLYM<br>AND HY            | IER, COI<br>DROCAF  | NTAIN<br>RBON | NING ETHER<br>I POLYMERS |  |
| RECEIVED   |  |  |                    |                             |   |                            | ☐ All Fees          |               |                          |  |
|  | FEES: Authority has been given in I                                    |  |                    |                             |   |                            |                     |               |                          |  |
|  |  |  |                    |                             |   | 1.16 Fees ( Filing )       |                     |               |                          |  |
|  |  |  |                    |                             | ☐ 1.17 Fees ( Processing Ext. of time ) |                            |                     |               |                          |  |
|  | No   | for following:   |                    |                             |   |                            | 1.18 Fees ( Issue ) |               |                          |  |
|  |  |  |                    |                             |   | Other                      |                     |               |                          |  |
| **   |  |  |                    |                             | ☐ Credit                                |                            |                     |               |                          |  |
|  |  |  |                    |                             |   |                            |                     |               |                          |  |